

February 2012

Lincoln County FSA

1310 W Morgan St. PO Box 47 Davenport, WA Phone: 509-725-4501 Fax: 509-725-4515

Office Hours

Monday – Friday 8:00 AM – 4:30 PM

County Committee

Pete Carstensen, Chair Joseph Schultz, Vice-Chair Kathy Scrupps, Member

Office Staff

Melissa Michael, CED Debbie Sweet, PT Paula Reed, PT Aaron Landreth, PT Stephanie Fisher, PT

Farm Loan Staff

Houston Bruck, FLM Joanne Krupke, FLP Tech

8815 E Mission Ave STE B Spokane Valley, WA 99212 Phone: 509-924-7350

Next COC Meeting

8:00am, March 28

Dates to Remember

March 15 - NAP closing date for spring planted crops, small grain forages, mustard, radish, summer planted buckwheat

April 6 - CRP signup deadline **May 1 -** NAP closing date for value loss crops

May 28 - Office closed for federal holiday

June 1 - DCP/ACRE signup deadline

June 1 - SURE 2010 loss signup deadline

FSA Web Sites

State- http://www.fsa.usda.gov/wa National- http://www.fsa.usda.gov USDA- http://www.usda.gov



LAST PRINTED NEWSLETTER

The Farm Service Agency is moving toward a paperless operation. FSA's budget allows for this last printed newsletter only. If you wish to receive important program announcements and deadline reminders, enroll in the new GovDelivery system. You will receive newsletters and bulletins via email or text message instead of a hard copy through the mail.

FSA, like many other organizations, is trying to work smarter and be more efficient. Moving to electronic notifications via email will help conserve resources and save taxpayer dollars. County Committee ballots will continue to be mailed to all eligible producers.

You may subscribe to receive electronic updates by going to the USDA GovDelivery signup page found at the following web address: http://www.fsa.usda.gov/subscribe.

The form on the reverse side of this newsletter informs FSA of your intent to receive newsletters electronically. Complete blocks 1A, 1B, 3, 4, 8A, 8B and 8C. Select "No" in block 4 and return the form to the county office. The selection only applies to newsletters and bulk mail. You will still receive direct mail for your operation and county committee ballots. Staff can assist you with subscribing for electronic newsletters.

2012 DCP/ACRE SIGNUP UNDERWAY

We are currently taking appointments to sign up for 2012 DCP/ACRE program. The deadline to sign up is **June 1, 2012**. Please call the office to set up an appointment.

All producers with a crop share interest on DCP base acres must have a share in direct and counter-cyclical payments. Changes on the farm before or after enrolling in DCP/ACRE must be immediately reported to the local FSA office. Examples include ownership changes, producer changes (individuals and entities), and change in crop shares arrangements.

NEW AGI FORMS REQUIRED FOR 2012

FSA and NRCS program participants, including all members of participating entities, must meet certain Adjusted Gross Income (AGI) requirements to qualify for benefits. Starting for the 2012 crop year, a new AGI form has been developed that both reports whether an applicant or member meets the AGI requirements and authorizes the IRS to confirm that information for FSA.

The new form also reflects an additional AGI limitation applicable only to 2012 direct payments. In addition to the \$500,000 average nonfarm AGI and the \$750,000 average farm AGI limitation, a \$1 million average AGI limitation will be applicable for 2012 direct payments.

New this year, most power-of-attorney authorizations will not work for this form. So the form will have to be signed by the participant or entity member themselves. IRS will not accept FSA power-of-attorney forms. These new AGI forms are available today from your county office or on the FSA internet site.

CRP GENERAL SIGNUP

The Conservation Reserve Program general signup starts March 12, 2012 and ends April 6, 2012. CRP signup is a competitive process in which the bids producing the highest environmental benefits per taxpayer dollars spent are accepted into the program.

Offers will be ranked using the Environment Benefits Index. Points will be awarded based on the environmental and habitat benefits of the proposed cover planted. More points are awarded for native vegetation. Existing CRP may need to be replanted to maximize the score. Check your stand before coming into the office. Extra points will be awarded for the most erosive land and bids that include pollinator habitat on 10% of the acreage. Scores can also be improved by reducing the bid by up to 15% below the maximum rate calculated by FSA.

Eligibility is based on several factors. Eligible land must have been planted to an annual crop or CRP for at least four years between 2002 and 2007. In addition, the land must be considered highly erodible, be in the state Conservation Priority Area which encompasses portions of central Washington with soils susceptible to wind erosion, or be in an expiring CRP contract in 2012. Contact the FSA office for an appointment or more information about CRP.

SUPPLEMENTAL REVENUE ASSISTANCE FOR 2010 LOSSES

The deadline for producers to submit applications for 2010 crop year Supplemental Revenue Assistance Payments Program (SURE) is June 1, 2012. The application and all required documentation must be on file and signed by close of business on that day.

The SURE program provides benefits for crop losses due to eligible weather related disaster conditions affecting crops grown from 2008 through 2011 crop years. A farmer or rancher is eligible for the program when a disaster designation has been made for their county or when actual production is less than half of the normal established production. Producers who suffer eligible losses must have crop insurance or a Non-insured Crop Disaster Assistance Program policy for all crops of economic significance to be eligible for SURE benefits. Socially disadvantaged, limited resource, or beginning farmers and ranchers are exempt from the insurance linkage requirement.

Lincoln County FSA Office PO Box 47 Davenport, WA 99122



Presorted Standard US Postage Paid Spokane, WA Permit # 939

This form is available	electronically.	707 207 207		Form Approv	ed - OMB No. 0560-0265	
AD-2047 (08-04-09)	F1 6					
Rural Development Natural Resources Conservation Service						
CUSTOMER DATA WORKSHEET REQUEST FOR SCIMS RECORD CHANGE						
(FOR INTERNAL USE ONLY) (See Page 2 for Privacy Act and Public Burden Statements)						
PART A – CUSTOMER INFORMATION						
1A. Customer's Full Legal Name or Business Name		Customer or Business Address (Including Zip Code)				
1C. Home Telephone N	Number (Area Code)	1D. Business Telephone	e Number (Area Code)	1E. Other Telephone N	umber (Area Code)	
2. SSN or Tax ID Numi	SSN or Tax ID Number (9 Digits) 3. E-Mail Address			Customer Wishes to Receive Mail?		
				☐ YES ☐ NO		
5. Producer is Customer of One or More of the Following Agencies. (Check Appropriate Agency(ies) below:)						
☐ FSA ☐ RD ☐ NRCS ☐ Not Participating						
6. Is the Customer a M	ulti-County Producer?	YES (If "YES," list	States and/or Counties b	elow:) NO		
7. Reason for Request	(Check appropriate box(e.	s) below:)				
☐ New Producer ☐ Address Change ☐ Telephone Change ☐ Sale/Purchase ☐ Life Event						
Other (Specify):						
8. Enter the name of the customer requesting the record change(s). If documentation is received by Fax or from a trusted source (i.e., USPS), attach documentation to this form. Only Part A, Item 1A and Part B shall be completed. If the request was received by telephone, complete						
applicable blocks necessary to document the change(s) and enter the requestor's name in Item 8A. Requestor's signature is not required. (The only time the customer is required to sign Item 8B is when they are physically at a Service Center and providing FSA with						
applicable information.)						
8A. Name of Customer	r Requesting Change	8B. Signati	ıre		of Record Change PD-YYYY)	
PART B - SERVICE						
9A. Agency Who Received Request: (Check one below:) 9B. Initials of Employee Receiving (Check one below:) 9C. Date Service Center Employee Received the Request (MM-DD-YYYY)						
□ FSA □ NRCS □ RD						
1972 NO SUMMER CONTRACTO NA BODIE	or Change was Received:	1				
Office Visit	Telephone 🗌 FAX 📗	USPS Other (Spec	cify):			
11. Remarks if Applica	ible:	120 0.000			- No. 650.000	
12A. Signature of Emp	ployee Updating SCIMS if r	not initialed in Item 9B.		12B. Date Service Cent SCIMS (MM-DD-Y		
				9549		
	FOR DI	STRICT DIRECTOR/ARE	A CONSERVATIONIST U	SE ONLY.		
13A. I concur/do not co	oncur the above items hav	e been properly updated.	☐ Concur ☐ Do Not Concur			
13B. Name of District Director/Area Conservationist for Spot Check			13C. Signature of Distr	ict Director/Area Conserva	ationist for Spot Check	
13D. Title			13E. Date (MM-DD-YYYY)			
						ransing bid.
Note: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is OMB Circular A-123, the Federal Managers' Financial Integrity Act of 1982, and the Privacy Act of 1974 (5 USC 552a - as amended). The information will be used to document a request for critical producer data changes within the Service Center Information Management System (SCIMS). The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tibal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to request changes within SCIMS.						
According to the collection of interesting the collection of the c	ne Paperwork Reduction A formation unless it displays e required to complete this	s a valid OMB control num information collection is e	ber. The valid OMB contrastimated to average 10 n	ol number for this informa ninutes per response, incli	tion collection is 0560-	
	The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.					